## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed of	nerwise in Block 1, by (a	a) specifying a new corres	pondence address; and	Vor (b) indicating a sep-	arnte "FEE ADDRESS" for	
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37808	7590 08/19	/2009	have		nailing or transmission.		
700 W. 47TH S	JI SHUGHART PC		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SUITE 1000	MO 64112					(Depositor's name)	
KANSAS CITY	, MO 04112					(Signature)	
			:			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/708,953	04/02/2004		Itzhak Bentwich	0	50992.0201.04USCP	2952	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/19/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
PITRAK, JENNIFER S		1635	435-006000				
L. Change of corresponde CFR 1,363).	ence address or indication	n of "Fee Address" (37	2. For printing on the p		1 *	. Scott, Jr., Ph.D	
`	ondence address (or Cha 3/122) attached.	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  2 Polsinelli Shughart PC				
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or typ	-			
		fied below, no assignee detion of this form is NO				ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Rosetta Genomics Ltd. Rehovot, Israel							
lease check the appropri	ate assignee category or	categories (will not be pr	inted on the patent): 🚨	Individual 🛂 Corpo	ation or other private gr	oup entity 🔲 Government	
da. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.							
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.							
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i. Change in Entity Stat	lus (from status indicated	l above)	_				
	s SMALL ENTITY statu		b. Applicant is no long	-			
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Authorized Signature	Telles	Total		Date	November 4, 200		
Typed or printed name	-	Scott, Jr., Ph	***************************************	Registration No.	53,573		
Mexaamia, virginia 225.	13-1430.		on is required to obtain or re 1.14. This collection is esti- depending upon the indivi- e Chief Information Office COMPLETED FORMS TO spond to a collection of info			d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	